



State of Connecticut  
Commission on Fire Prevention and Control

**FIRE OFFICER I**  
Certification Examination Application Form



Please **PRINT** all information legibly as it will appear on your permanent records. This **entire** application must be completed by **both** the trainer & trainee prior to submission.

**APPLICANT DATA**

Last name	First name	Middle Initial
Home Street Address		
Town	State	Zip Code
Telephone Home	Work	
Social Security Number		
Date Certified as a State of Connecticut Firefighter II:		Individuals <b>not</b> currently certified to the Firefighter II level must have been an active member of a fire department with continuous service on or before July 1, 1977. Verification must be provided.

**FIRE SERVICE AFFILIATION**

Department Name	FDID # ( if applicable )
Company/Unit	City/Town
Check One: Career _____ Volunteer _____ Call _____	
Date entered fire service ( if applicable, include both volunteer and career time)	

**EXAMINATION DATA**

Type of Examination ( Check One ) ( Applicants may apply for both types of examinations on a single application )	
Written Examination _____ Date _____	( Required for Challenge Examination Only ) Practical Examination _____ Date _____
Examination Location	Examination Location

\$7.50 application fee for a written examination and/or \$5.00 for a practical examination required with application. Please check type of payment below:

Cash	Check ( please indicate check # and date )	Purchase order	Inservice or Calendar Class (fee included in tuition)
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination.

Applicants Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control  
34 Perimeter Road  
Windsor Locks, CT 06096-1069

## FIRE OFFICER I - INDIVIDUAL TRAINING RECORD

<b>Name ( Print )</b>	<b>Social Security Number:</b>	
NFPA 1021 Chapter 2 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met
<b>2-2</b> Human Resource Management		
<b>2-3</b> Community Awareness/Public Relations		N/A
<b>2-4</b> Organizational Structure		
<b>2-5</b> Administration	No Job Performance Requirements for Fire Officer I	
<b>2-6</b> Budget		N/A
<b>2-7</b> Government Structure	No Job Performance Requirements for Fire Officer I	
<b>2-8</b> Communication Skill		
<b>2-9</b> Information Management		
<b>2-10</b> Planning		
<b>2-11</b> Inspection, Investigation, and Public Education		
<b>2-12</b> Emergency Service Delivery		N/A
<b>2-13</b> Safety		

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1021, Chapter 2, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skill evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Fire Officer Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date